

USA HOCKEY AMERICA'S HIGH SCHOOL SHOWCASE

Formerly known as Chicago Showcase

TRYOUT REGISTRATION FORM
FEE \$75, \$50 if paid before first tryout

**FORM CAN BE emailed to nhues@msn.com, faxed to
973-812-8086 and payment made
via PAYPAL or by check mailed to
AAHA - 1113 McBride Avenue Woodland Park, NJ 07424**

Participant Information

First Name:	_____	Team	<input type="radio"/> NJ
Last Name	_____	Position:	<input type="checkbox"/> Forward <input type="checkbox"/> Defense <input type="checkbox"/> Goalie
Address:	_____	Height	_____ Weight _____
City:	_____	High School	_____
State/Province:	_____	City	_____
Zip/Postal Code:	_____	Coach	_____
Home Phone:	_____	Coach's Phone Number	_____
Cell Phone:	_____	Club Hockey Team	_____
E-mail:	_____	Level	_____
Date Of Birth	_____	Current Grade in School	<input type="radio"/> Junior <input type="radio"/> Senior
Age	_____		

Are you USA Hockey Registered?

All players must be registered. If not registered, you can register on line at
www.usahockey.com

☐ Yes

☐ No

Payment Information

☐ Check Box

Paid via PayPal OR Request Invoice to pay via Square

☐ Check Box

Payment Type: ☐ Check

Please make your check payable to the AAHA

Payment Amount: _____

Check #: _____

I, the applicant have read and understand the eligibility requirements and agree to the terms of the USA Hockey Waiver
I hereby authorize payment. Please note: payee will be listed as Mid-Atlantic Amateur Hockey Association..

This program is run by the Atlantic District, an affiliate of USA Hockey.

Applicant's Signature: _____

Date: _____